NEW IOWA CONTROLLED SUBSTANCES ACT REGISTRATION APPLICATION

Board office use only:
1 STATE CSA REGISTRATION NO.: EXPIRATION DATE:

Please type or print clearly.

REGISTRATION FEE: **$90.00**
Submit Check or Money Order payable to Iowa Board of Pharmacy.
DO NOT SEND CASH

2 REGISTRANT/APPLICANT NAME AND MAILING ADDRESS if other than practice address
(alternate address not available for pharmacy or hospital registration)

NAME

ADDRESS
(max.2 lines-30 characters/line)

CITY, STATE, ZIP

3 IOWA PRACTICE OR BUSINESS ADDRESS
(location of office or other practice setting in Iowa – not PO Box)

NAME

ADDRESS
(max. 3 lines-30 characters /line)

CITY,STATE,ZIP

COUNTY

4 BUSINESS PHONE (_____) _____
5 BUSINESS ACTIVITY _____
6 FEDERAL DEA # _____
7 IOWA PROFESSIONAL LICENSE # _____

8 SCHEDULES -- Check schedules in which you intend to handle (including prescribe) ANY controlled substances.

Schedule I	Schedule II Narcotic	Schedule II Nonnarcotic	Schedule III Narcotic	Schedule III Nonnarcotic	Schedule IV	Schedule V
☐	☐	☐	☐	☐	☐	☐

(Refer to http://www.state.ia.us/ibpe/controlled_substance/summary_sched.html for description of drug schedules.)

9 RESPONSIBLE INDIVIDUAL *(Whose signature is authorized on Federal Controlled Substances Order Form 222)*

a) _____ _____
Name *Title*

b) IF APPLICANT IS: PRACTITIONER, indicate Medical Degree _____ *or* RESEARCHER, indicate Degree _____

10 ALL APPLICANTS MUST ANSWER THE FOLLOWING *(answer 10a) or 10b) as appropriate)*:

a) IF APPLICANT IS AN INDIVIDUAL, has the applicant ever been convicted of a felony in connection with controlled substances under any State or Federal law or ever surrendered (in lieu of disciplinary action) or had a CSA registration revoked, suspended, or denied? _____

b) IF APPLICANT IS A CORPORATION, PARTNERSHIP, ASSOCIATION, OR PHARMACY, has any officer, partner, stockholder, or proprietor been convicted of a felony in connection with controlled substances under any State or Federal law, or ever surrendered or had a CSA registration revoked, suspended, or denied? _____

c) IF YOU ANSWERED 'YES' TO EITHER OF THESE QUESTIONS *(10a or 10b)*, include a statement using the space provided on the REVERSE of this page.

d) IF CONTROLLED SUBSTANCES WERE LOST OR STOLEN during the past year, indicate the number of occurrences next to the applicable reason. If none, check here. ☐

THEFT _____ ARMED ROBBERY _____ MYSTERIOUS DISAPPEARANCE _____ LOST IN TRANSIT _____

ANY INDIVIDUAL PRACTITIONER WHO ADMINISTERS OR DISPENSES CONTROLLED SUBSTANCES AT ANY LOCATION WITHIN IOWA OTHER THAN SHOWN ABOVE (EXCEPT LICENSED HOSPITALS) MUST OBTAIN A SEPARATE REGISTRATION FOR EACH SUCH LOCATION.

REMIT TO: IOWA BOARD OF PHARMACY
CONTROLLED DRUG DIVISION
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IOWA 50309-4688
PHONE: (515) 281-5944

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my registration.

SIGN HERE ⇨ _____ _____
Signature of Applicant or Authorized Individual (Pharmacist in Charge if pharmacy application) *Date*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

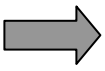
10c) EXPLANATION FOR ANSWERING 'YES' TO QUESTION 10a) OR QUESTION 10b):

Applicants who answered 'YES' to either question 10a) or 10b) are required to submit a statement explaining such response. The space below is available for this purpose. The statement must be signed by the applicant on the line provided below.

_____

Clearly print or type name here -- sign below.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my registration.

SIGN HERE 

_____ _____

Signature of Applicant *Date*